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Bib Data Sheet

CONFIRMATION NO. 2361

<b>SERIAL NUMBER</b> 09/733,168	<b>FILING DATE</b> 12/08/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 1670.002 (5784-54)	
<b>APPLICANTS</b> William H. Frey II, North Oaks, MN;  <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/200,708 12/09/1999  <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Joseph H. Guth, Esq. Corporate Patent Counsel CHIRON CORPORATION P.O. Box 8097 Emeryville, CA 94662-8097					
<b>TITLE</b> Method for administering a cytokine to the central nervous system and the lymphatic system					
<b>FILING FEE RECEIVED</b> 1640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		